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Applicant(s) Brown

Serial No. 09/975,458

Atty's File No. 47781-6 [GTB-2B]

Date of Deposit/  
Paper Dated December 15, 2009  
AGI: jsw

- Transmittal Form
- Fee Transmittal (in dupl)
- Supplemental Information Disclosure Statement
- Form PTO/SB/08A (1 page)
- Form PTO/SB/08B (3 pages)
- 31 documents
- copies of Office Actions from 09/975,457
- copies of docs. from Reexamination 90/008,481
- copy of 2/7/2007 Invalidity Contentions
- copy of 9/28/2009 Invalidity Contentions
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## Document Description: Transmittal Letter

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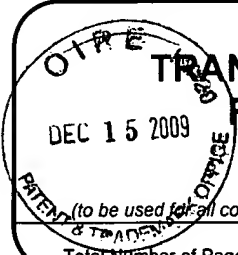
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PTO/SB/21 (07-09)

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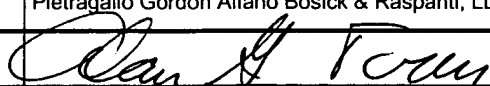
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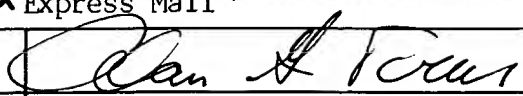
 <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/975,458
	Filing Date	October 11, 2001
	First Named Inventor	Gordon T. Brown
	Art Unit	3691
	Examiner Name	Bijendra K. Shrestha
Total Number of Pages in This Submission	Attorney Docket Number	47781-6

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Form PTO/SB/08A (1 page) - Form PTO/SB/08B (3 pages) - 31 documents - copies of OAs from 09/975,457 - copies of docs from Reexam 90/008,481
<input type="checkbox"/> Remarks - return postcard		<input type="checkbox"/> - copy of 2/7/2007 Invalidation Contentions <input type="checkbox"/> - copy of 9/28/2009 Invalidation Contentions

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pietragallo Gordon Alfano Bosick & Raspanti, LLP		
Signature			
Printed name	Alan G. Towner		
Date	December 15, 2009	Reg. No.	32,949

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: <b>Express Mail</b>			
Signature			
Typed or printed name	Alan G. Towner	Date	December 15, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2009**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

**Complete if Known**

Application Number	09/975,458
Filing Date	October 11, 2001
First Named Inventor	Gordon T. Brown
Examiner Name	Bijendra K. Shrestha
Art Unit	3691
Attorney Docket No.	47781-6

DEC 15 2009

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 500859 Deposit Account Name: Pietragallo

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
- 20 or HP =	x	=		<b>Fee (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

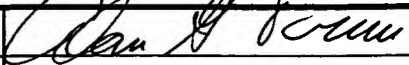
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement 180**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32949	Telephone (412) 263-4340
Name (Print/Type)	Alan G. Towner	Date December 15, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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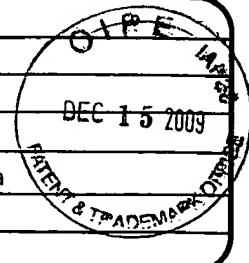
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2009**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
180.00**Complete if Known**

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Art Unit	3691
Attorney Docket No.	47781-6

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<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
<b>Multiple Dependent Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		

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HP = highest number of independent claims paid for, if greater than 3.

Indep. Claims Extra Claims Fee (\$)

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

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**4. OTHER FEE(S)**

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Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

180

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32949	Telephone (412) 263-4340
Name (Print/Type)	Alan G. Towner	Date December 15, 2009	

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